

**Agency Based Community First Choice/Personal Assistance Services
Provider Prepared Standards**

Provider Name		Region/Office	
Person Completing Form		Title	
Date Completed		Date Submitted	

Standard One: SERIOUS OCCURENCES
Provider reports and follows up on all serious occurrences

List of SOR reported outside the timeframe?

What are the top three SOR causes and sub-types for your agency?

How does your agency utilize this information in Quality Assurance/Performance Improvement?

Standards Two and Three: (2) PLAN FACILITATOR CRITERIA and (3) NURSE SUPERVISION
*Provider employs or contracts with a PCP Plan Facilitator who meets the criteria outlined in policy (AB CFC/PAS 701, 720 and CSB 1103)
Provider agency employs/contracts with a Program Nurse who meets criteria outlined in AB CFC/PAS 701 and 720*

☐ Attach a copy of the Nurse Supervisor(s) License

List employee/contractor who performed duties of Plan Facilitator (PF) or Nurse Supervisor (NS) in the past six months (July-December)

Employee/Contractor Name and Role(s): PF/NS/Both	Staff Signature verifies free of conflict of interest with any of members	# Years Exp in Aging & Disability Svc	Certification Training date (PF)	Date completed first PCP form (PF)	Date Nurse Supervisor trained in CFC/PAS

Standard Four: MEMBER SURVEY
Provider agency conducts an annual member survey and summarizes results

☐ Attach a copy of the last annual member survey.

Date Survey Distributed	# of Surveys Distributed	Response Rate (%)

In the space below, summarize the results of the last annual member survey along with proposed follow up action based upon survey results. Please indicate how you plan to validate the effectiveness of your action plan. *Your proposed action plan should be **Specific, Measurable, Achievable, Realistic, and include Timeframes (SMART).***

**Agency Based Community First Choice/Personal Assistance Services
Provider Prepared Standards**

Provider Name		Region/Office	
Standard Five: PROVIDER ENROLLMENT CRITERIA <i>Provider agencies must meet the provider enrollment criteria outlined in ARM 37.40.4017 and 37.40.1122.</i>			
<input type="checkbox"/> Attach current documentation to verify the following:			
<input type="checkbox"/> General Liability Insurance	<input type="checkbox"/> Motor Vehicle Liability Insurance	<input type="checkbox"/> Unemployment Insurance Coverage	<input type="checkbox"/> Worker's Compensation Coverage
Standard Six: AGENCY ORGANIZATIONAL STRUCTURE <i>Provider agency submits a written summary of the agency's organizational structure; including the key staff and the role(s) they play in relation to the CFC/PAS Program administration.</i>			
<input type="checkbox"/> Submit a copy of the organizational chart or a written summary of the agency's organizational structure			
Indicate below the names of each employee who has responsibilities for, and participates in, the following tasks			
Employee Name	Access to QAMS Role in Qams	Review & sign off on SDRs	Bill Mcd Claims Complete authorization paperwork Provide CFC/PAS Training Complete Internal Chart Reviews
Standard Seven: PERSONAL CARE ATTENDANT TRAINING CURRICULUM <i>Provider agency's training program is at least 16 hours and contains all mandatory subjects per policy AB CFC/PAS 706.</i>			
<input type="checkbox"/> Submit a copy of your agency policy addressing the mandatory training topic areas, how each topic is covered, length of time each topic covered, the qualification of the trainer(s), the role of the Nurse Supervisor in training oversight and PCA Certification.			
<input type="checkbox"/> Submit a copy of your agency process for determining PCA competency when the training requirement is waived and the role of the Nurse Supervisor in overseeing PCA competency when training is waived.			
Standard Eight: PCA TRAINING CERTIFICATION <i>Provider agency ensures that every PCA has been certified and trained prior to delivering CFC/PAS Services</i>			
For the last five PCAs that were hired and provided CFC/PAS Services please complete the following:			
PCA Name	Hire Date	Date Training Completed/Waived	Certification/Competency date Name of First CFC/PAS Member Served First Day of Service with member

**Agency Based Community First Choice/Personal Assistance Services
Provider Prepared Standards**

Provider Name		Region/Office	
Standard Nine: PCA IN-SERVICE TRAINING REQUIREMENTS <i>Provider agency ensures that all PCAs receive eight hours of in-service training according to policy AB CFC/PAS 706.</i>			
<input type="checkbox"/> Attach your agency policy addressing how PCA longevity is tracked, and how you are ensuring that each PCA receives the required in-service training within established requirements.			
<input type="checkbox"/> Pull a random sample of five PCAs who have worked more than two years at your agency. Document and submit the following for each: <ul style="list-style-type: none"> ○ PCA Name ○ Training and training certification date ○ or Waiver, waiver competency date and reason for waiver of training requirement ○ In-service training for past two calendar years <ul style="list-style-type: none"> ○ Date completed ○ Topic ○ Length of training (in hours/minutes) ○ Total In-Service Training Time in past two calendar years 			
Standard Ten: AGENCY ACTION PLAN <i>Provider agency must provide a written plan for remediation on any unmet internal quality assurance and provider prepared standards.</i>			
For each unmet standard, please attach your agency action plan. Each goal/action must be: <ul style="list-style-type: none"> <input type="checkbox"/> Specific to the unmet standard <input type="checkbox"/> Measurable and include the agency staff person who will be responsible for measuring the outcome <input type="checkbox"/> Action specific (i.e., identify specifically how the goal will be tracked) <input type="checkbox"/> Relevant to the unmet standard and include a <input type="checkbox"/> Timeframe for implementing and evaluating the action item(s) 			